

Informal EEO - Intake Information

Aggrieved Person's Name: LINDA D. SERIYAJob Title: PROPERTY DISPOSAL TECHNICIANJob Series: 1107Job Grade: GS-7Place of Employment: BARBERS POINT, HAWAIIAddress of Employment: P.O. BOX 75298, KAPOLEI, HI 96707-0298Work DSN Phone No: (808) 684-7680Home Phone No: (808) 945-7864Home Address: 1517 MAKIKI ST #1201Home City & State: HONOLULU, HI 96822

Brief explanation of how you feel you were discriminated against. Meaning: what action or behavior took place that made you feel you were discriminated against. (add an another sheet of paper if more is space needed) ① DENIED ATTENDANCE FOR PRE-RETIREMENT SEMINAR WHEN ELIGIBLE. (4 PEOPLE INVOLVED). ② AFTER REQUESTING REASON FOR DENIAL IN WRITING - 2 WEEKS LATER I WAS SERVED "LETTER OF REQUIREMENT" STATING ABUSE OF LEAVE. ③ ALLOWED MANAGEMENT TO MAKE HUMILIATING REMARKS DUE TO MY PHYSICAL HANDICAP. I POSSESS A HANDICAP PLACARD

Date of alleged discrimination (mm/dd/yyyy) ① 7/30/01 ② 8/22/01 ③ 1/00 - 9/01

Basis for alleged discrimination: (select & specify)

Race () _____

Color () _____

National Origin () _____

Sex () _____

Age ☒ (include date of birth) 9-27-46Disability ☒ PHYSICAL HANDICAP

Religion () _____

Reprisal ☒ (identify previous event or issue & give date of event or date of the issue) IG COMPLAINT (MAY 1990)RESPONSE FOR ERNIE CORREA (JAN 1993)EXHIBIT **BB**

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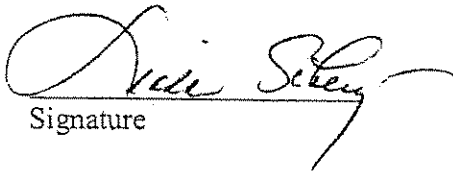
What is your requested remedy?

COMPENSATION - DOCTOR/HOSPITAL/MEDICATION/SUPPLIES/SICK LEAVE/ANNUAL
LEAVE/LWOP/BACK PAY W/ INTEREST/LOST TIME - UNABLE TO WORK/INCONVENIENCE/
PAIN + SUFFERING/ANXIETY/LOSS OF SLEEP/SEVERE DEPRESSION/EMOTIONAL STRESS/
DISCOMFORT/NAUSEA/DIZZINESS/STRESS HEADACHES/EATING/DIGESTING/STOMACH
PROBLEMS/LOSS OF VACATION/LOSS OF PLEASURE + OPPORTUNITIES/DECLINING HEALTH
LONGER TREATMENT/LONGER RECOVERY PERIOD/FUTURE RECOVERY COST. RETIRED 3 YRS
EARLIER THAN ANTICIPATED DUE TO STRESS (MENTAL + PHYSICAL). CORRECTION TO PERSONNEL
If you need additional space attached another sheet of paper. RECORDS. RELOCATE ZM/DRA-HV CHIEF
OFF ISLAND.

I am hereby requesting a counselor be assigned to me, to address the issue(s) mentioned within this document regarding my feelings of discrimination.

Are you interested in mediation? (Please circle below)

Yes ☒ No ☐ Need more information about mediation


Signature

12-9-01
Date